

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/520246**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
<del>1</del>						
2						
3						
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<del>28</del>						
29			1			
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39			1			
40				1		
41				1		
42			1			
43			1			
44			1			
45				1		
46				1		
47				1		
48			1			
49				2		
50				2		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		
52				2		
53				2		
54				2		
55				2		
56				2		
57			1			
58			1			
59			1			
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98						
99						
100						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.	←		30	←	←	
TOTAL CLAIMS			39			